



# ADULT YOGA CLASSES

OPEN TO ADULTS & SENIORS • ON-GOING REGISTRATION

## MONDAYS

9:30 am - 10:30 am

NJCU - John J. Moore Athletic Center, 100 Culver Avenue

12:30 pm - 1:30 pm

Pershing Field Veteran Center

2:00 pm - 3:00 pm

Ocean Towers, 425 Ocean Avenue

## TUESDAYS

11:15 am - 12:15 pm

Grace Church, 39 Erie Street

## FRIDAYS

9:15 am - 10:15 pm

Grace Church, 39 Erie Street

**REGISTER ON SITE OR CALL AT 201-547-5003 OR VISIT [JERSEYCITYNJ.GOV](http://JERSEYCITYNJ.GOV)**

*This class is basic introductory yoga postures and relaxation/visualization/meditation for Adults, with a strong specialty in Seniors Cardiac Patients and Special Health Needs Adults like Heart, Edema, Blood Pressure, Arthritis, Diabetes, Joint Pain, recent Surgery, Stroke, Parkinsons, depression & recovering substance abuse.*

**PROPER ATTIRE REQUIRED (EX. EXERCISE CLOTHING AND SNEAKERS)**

**CAROL LESTER, INSTRUCTOR - CARDIAC YOGA CERTIFIED WITH OVER 3000 TEACHING HOURS**



**PRESENTED BY: MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL AND THE DEPARTMENT OF RECREATION**



**JerseyCityNJ**



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**With support from the Jersey City Public Schools**



**MAYOR STEVEN M. FULOP  
THE JERSEY CITY MUNICIPAL COUNCIL  
AND  
THE DEPARTMENT OF RECREATION**



# ADULT YOGA CLASSES

## **PARTICIPATION FORM**

*Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Permission to post pictures: Yes \_\_\_\_\_ No \_\_\_\_\_

Person to Notify in Case of Emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

*As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Department of Recreation Adult Yoga Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_